

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

PLAINTIFF <b>Ernesto Santiago</b>	COURT CASE NUMBER <b>C.A. No 05-153 Erie</b>
DEFENDANT <b>Warden, James Sherman</b>	TYPE OF PROCESS <b>Civil Rights Action</b>

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**FEDERAL BUREAU OF PRISONS**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**P.O. Box 5000 Bradford, PA 16701**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>Ernesto Santiago #90304038</b> <b>P.O. Box 8000</b> <b>Bradford, PA 16701</b>	Number of process to be served with this Form 285 <b>28 USC 1331</b>
	Number of parties to be served in this case <b>3</b>
	Check for service on U.S.A. <b>✓</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <b>Ernesto Santiago</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>N/A</b>	DATE <b>9-18-05</b>
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>4</b>	District of Origin <b>68</b> No.	District to Serve <b>68</b> No.	Signature of Authorized USMS Deputy or Clerk <b>SB</b>	Date <b>9/6 9/28</b>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date  
**9/3/05** Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy  
**Shirley Dossing**

Service Fee <b>802</b>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <b>800</b>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$32.00</b>
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REMARKS: **S/C marshal 9-28-05 9842 8019 7302**

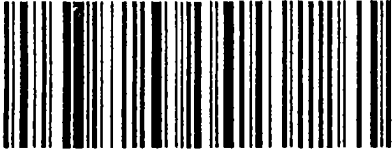
### PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

2. Article Number



7160 3901 9842 8019 7302

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

FEDERAL BUREAU OF PRISONS  
P.O. BOX 5000  
BRADFORD, PA. 16701

5-1532, S/C, 9/28/05, SRB

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent  
☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes  
☐ No

RECEIVED

PS Form 3811, January 2003

Domestic Return Receipt